

1 (6)

# PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

**CLAIMS AS FILED - PART I**

(Column 1) (Column 2)

| FOR                              | NUMBER FILED   | NUMBER EXTRA |
|----------------------------------|----------------|--------------|
| BASIC FEE                        |                |              |
| TOTAL CLAIMS                     | 10 minus 20= * |              |
| INDEPENDENT CLAIMS               | 2 minus 3 = *  |              |
| MULTIPLE DEPENDENT CLAIM PRESENT |                |              |

\* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY  
TYPE OR OTHER THAN  
SMALL ENTITY

| RATE   | FEES   | RATE | FEES        |
|--------|--------|------|-------------|
|        | 345.00 | OR   | 690.00      |
| X\$ 9= |        | OR   | X\$18=      |
| X39=   |        | OR   | X78=        |
| +130=  |        | OR   | +260=       |
| TOTAL  |        | OR   | TOTAL (690) |

**CLAIMS AS AMENDED - PART II**

(Column 1) (Column 2) (Column 3)

| AMENDMENT A                                    | CLAIMS REMAINING AFTER AMENDMENT |             | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|--|----------------------------------|-------------|------------------------------------|---------------|
|  | Total                            | Independent | Minus                              | ** =          |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                  |             |                                    |               |

SMALL ENTITY

OR OTHER THAN  
SMALL ENTITY

| RATE             | ADDITIONAL FEE | RATE | ADDITIONAL FEE   |
|------------------|----------------|------|------------------|
| X\$ 9=           |                | OR   | X\$18=           |
| X39=             |                | OR   | X78=             |
| +130=            |                | OR   | +260=            |
| TOTAL ADDIT. FEE |                | OR   | TOTAL ADDIT. FEE |

| AMENDMENT B                                    | CLAIMS REMAINING AFTER AMENDMENT |             | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|--|----------------------------------|-------------|------------------------------------|---------------|
|  | Total                            | Independent | Minus                              | ** =          |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                  |             |                                    |               |

RATE ADDITIONAL FEE

RATE ADDITIONAL FEE

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| X\$ 9=           |                |
| X39=             |                |
| +130=            |                |
| TOTAL ADDIT. FEE |                |

| AMENDMENT C                                    | CLAIMS REMAINING AFTER AMENDMENT |             | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|--|----------------------------------|-------------|------------------------------------|---------------|
|  | Total                            | Independent | Minus                              | ** =          |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                  |             |                                    |               |

RATE ADDITIONAL FEE

RATE ADDITIONAL FEE

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| X\$ 9=           |                |
| X39=             |                |
| +130=            |                |
| TOTAL ADDIT. FEE |                |

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This Form is for INTERNAL PTO USE ONLY  
It does NOT get mailed to the applicant.

## NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: \_\_\_\_\_

### Total Fee Calculation

| Fee Code                 | Total # Claims | Number Extra | X         | Fee       | Fee        | =          | Total |
|--------------------------|----------------|--------------|-----------|-----------|------------|------------|-------|
|                          | Sm. Lg.        |              |           | Sm. Entry | Lg. Entry  |            |       |
| Basic Filing Fee         | <u>201/101</u> |              | <u>10</u> |           |            | <u>690</u> |       |
| Total Claims > 20        | <u>203/103</u> | <u>12</u>    | .20 =     | X         |            |            |       |
| Independent Claims > 3   | <u>202/102</u> |              | .3 =      | X         |            |            |       |
| Mult. Dep. Claim Present | <u>204/104</u> |              |           |           |            |            |       |
| Surcharge                | <u>205/105</u> |              |           |           | <u>130</u> |            |       |
| English Translation      | <u>139</u>     |              |           |           |            |            |       |

### TOTAL FEE CALCULATION

Fees due upon filing the application.

Total Filing Fees Due = \$ 820

Less Filing Fees Submitted = \$ 0

BALANCE DUE = \$ 820

Office of Initial Patent Examination

Figure 7